MULTIPLE DEPL. DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/501750 APPLICANT(S) 15 JUL 2004

CLAIMS

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	AS FILED		AFTER IN AMENDMENT		AFTER 200 AMENDMENT			AS I	AS FILED		AFTER 141 AMENDMENT		AFTER 2nd AMENDMENT	
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